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UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

UNITED STATES OF
AMERICA; and STATE OF
WASHINGTON, *ex rel.* AMY
THOMSON, L.P.N.,

Plaintiff,

vs.

COMPREHENSIVE MENTAL
HEALTH CENTER OF
TACOMA-PIERCE COUNTY,
d/b/a COMPREHENSIVE LIFE
RESOURCES, a nonprofit
corporation; OPTUMHEALTH
PIERCE REGIONAL SUPPORT
NETWORK and its parent
corporations,

Defendants.

15-CV-05335 RBL

COMPLAINT AND JURY
DEMAND

Filed Under Seal
pursuant to
31 U.S.C. §3730(b)(2)

COMES NOW the United States of America and the State of Washington,
by and through AMY THOMSON, LPN, *qui tam* as Relator, and for a cause of
action alleges as follows:

I. PARTIES

1. Comprehensive Mental Health Center of Tacoma-Pierce County, d/b/a
Comprehensive Life Resources ("CLR") is a Washington Nonprofit Corporation

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1 that owns and operates a community mental health center in Tacoma, Washington,
2 providing outpatient and inpatient mental health services for patients in Pierce
3 County.

4 2. OptumHealth Pierce Regional Support Network ("Optum") is a
5 corporation that operates as the Regional Support Network for state and federally
6 funded mental health services in Pierce County, performing administrative
7 services on behalf of CLR, including Medicare and Medicaid billing.

8 II. JURISDICTION AND VENUE

9 3. Jurisdiction exists pursuant to 28 U.S.C. § 1331, 1345 and 31 U.S.C. §
10 3732(a) and (b) in that this action seeks remedies on behalf of the United States of
11 America for Defendants' violations of 31 U.S.C. § 3729, and on behalf of the
12 State of Washington for Defendants' violations of RCW Chapter 74.66.

13 4. Any public disclosure of the allegations or transactions upon which this
14 suit is based is the direct result of Relator's actions, and the substance of this
15 Complaint and the allegations herein are not the product of such public disclosure.
16 See 31 U.S.C. §3730(e)(4)(A); RCW 74.66.080. Knowledge obtained by the U.S.
17 Government and the State of Washington was the result of a disclosure made by
18 the Relator.

19 5. Relator is an original source in that Relator has direct and independent
20 knowledge of the information on which the allegations are based. Relator has
21 voluntarily provided the information to the government before filing this *qui tam*
22 action and Relator was responsible for, and had a role in, any public disclosure of
23 allegations that are a part of this suit.

24 6. CLR operates a mental health facility in Tacoma, Washington, in this
25 judicial district.

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1 7. Optum operates as a Regional Support Network for state and federally
2 funded mental health services in Pierce County, in this judicial district.

3 8. Venue exists in the Western District of Washington pursuant to 28
4 U.S.C. § 1391(b) and (c), and 31 U.S.C. § 3732(a).

5 **III. STATEMENT OF FACTS**

6 9. Relator is employed performing designated health services for
7 Defendant CLR at its health care facilities in Tacoma, Washington. She has been
8 employed there since approximately 2007.

9 10. CLR provides mental health services to thousands of patients in Pierce
10 County, Washington each year. An unknown number of those patients are eligible
11 for Medicaid. Thomson has observed that the proportion of CLR's patients
12 eligible for Medicaid is very high.

13 11. Upon information and belief, Thomson has observed violations of the
14 False Claims Act, 31 U.S.C. § 3729 *et seq.*, and the Medicaid False Claims Act,
15 RCW Chapter 74.66.

16 12. Medicaid and Medicare pay certain limited fees for services provided to
17 qualified patients. The regulations and policies of the United States and the State
18 of Washington mandate that Medicaid and Medicare funds may be paid to health
19 care providers in limited amounts and only for services provided to qualified
20 patients.

21 13. Thomson has observed CLR staff "unbundling" their medical services,
22 wherein medical staff bill separately for work performed incident to a visit with a
23 doctor.

24 14. CLR management instructs its medical staff to bill separately for their
25 services. When Thomson objected to the practice, CLR's Chief Executive Officer

1 Ghasem Nahvipour stated “if your license is so important to you, you should seek
2 employment elsewhere.”

3 15. Thomson has observed duplicative billing for medical services, wherein
4 providers bill separately for services performed for the same patient at the same
5 time.

6 16. Thomson has observed overbilling for services, wherein the service
7 provided is does not meet Medicare or Medicaid’s standards, is of insufficient
8 quality, is medically unnecessary, or where documentation of the service provided
9 is so minimal that it is impossible to discern what service was provided or whether
10 standards were met.

11 17. Thomson has observed “overbilling” wherein patients receive financial
12 incentives for their use of Medicaid or Medicare-funded services, thereby using
13 services in excess of medical necessity.

14 18. Thomson has observed that providers of services bill for services for
15 which they are insufficiently supervised and/or lack required educational
16 qualifications.

17 19. Thomson has observed that CLR received government funding to
18 implement electronic medical records systems but fails to comply with required
19 “meaningful use” standards.

20 20. Upon information and belief, the practices Thomson has observed are
21 representative of CLR’s common practices with respect to Medicaid and
22 Medicare-billed services.

23 21. Upon information and belief, the purpose of the billing practices
24 described herein is to obtain monies for Defendants from the United States and
25

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1 Washington State governments, which monies Defendants would not otherwise
2 obtain.

3 22. Upon information and belief, CLR submits claims for payment to
4 Medicare and Medicaid via Optum, while certifying that they are in compliance
5 with state and federal law, when in fact Defendants are not. Relator brings this
6 Qui Tam action under the statutes described herein to recover money damages and
7 civil penalties arising from false statements and false claims knowingly submitted
8 or knowingly caused to be submitted by Defendants to Federal and State
9 governments, either through financial intermediaries and/or the State of
10 Washington.

11 23. These practices resulted in billing for more patients and services than
12 actually were eligible, and resulted in Defendants receiving more money from
13 Medicaid and Medicare than they are entitled to.

14 **IV. CLAIMS OF THE UNITED STATES AND THE STATE OF** 15 **WASHINGTON**

16 24. The facts stated above give rise to a violation of the Federal False
17 Claims Act, 31 U.S.C. § 3729(a)(1)(A)-(C) & (G) and the Washington State
18 Medicaid Fraud False Claims Act, RCW 74.66.020(1)(a)-(c) & (g).

19 25. Defendants knowingly (as that term is defined by statute) submitted and
20 caused to be submitted such false statements to agents of the United States and the
21 State of Washington under the Medicare and Medicaid programs, as an essential
22 element in their claim submission process, in violation of 31 U.S.C. §
23 3729(a)(1)(A) and the Washington State Medicaid Fraud False Claims Act, RCW
24 74.66.020(1)(a).
25

1 26. By the submission of such reports, Defendants knowingly made, used,
 2 or caused to be made or used, a false record or statement to get false or fraudulent
 3 claims paid or approved by the United States in violation of 31 U.S.C. §
 4 3729(a)(1)(B) and the Washington State Medicaid Fraud False Claims Act, RCW
 5 74.66.020(1)(b).

6 27. Defendants conspired in planning, drafting and executing the above
 7 referenced scheme in violation of 31 U.S.C. § 3729(a)(1)(C) and the Washington
 8 State Medicaid Fraud False Claims Act, RCW 74.66.020(1)(c).

9 28. All payments made by the United States or the State of Washington to
 10 Defendants with respect to services provided to Medicare or Medicaid patients
 11 referred to Defendants by any of the physicians or the medical practices involved
 12 in these improper recruitment arrangements are subject to recoupment by the
 13 paying agency.

14 29. Defendants are liable for the actions of their agents and their employees
 15 under the doctrine of Respondeat Superior.

16 **V. DAMAGES SUFFERED BY THE UNITED STATES AND THE STATE**
 17 **OF WASHINGTON**

18 30. As a proximate cause of the fraudulent practices described above the
 19 United States of America and the State of Washington have suffered damages in
 20 the amounts fraudulently billed to the United States and the State of Washington.

21 **VI. JURY DEMAND**

22 31. Relator hereby demands that factual determinations in this matter be
 23 decided by a jury of 12 persons.

VII. PRAYER FOR RELIEF

WHEREFORE Relator prays for damages as follows on behalf of the United States, the State of Washington, and/or on her own behalf, as appropriate:

1. Economic damages in an amount to be proven at time of trial.
2. A civil penalty per violation as allowed by the Federal False Claims Act and the State Medicaid Fraud False Claims Act.
3. Treble damages as provided for in 31 U.S.C. §3729(a) and the Medicaid Fraud False Claims Act, RCW 74.66.020(1).
4. Prejudgment interest.
5. Reasonable attorney fees and costs.
6. Whatever additional damages allowed by law, which the court shall deem to be just and equitable.

DATED this 20th day of May, 2015.



J. Denise Diskin, WSBA #41425
Stephen A. Teller, WSBA #23372
Attorneys for Relator Amy Thomson, LPN